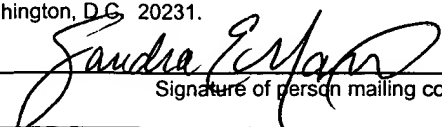


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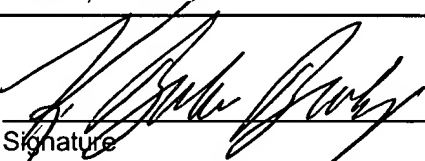
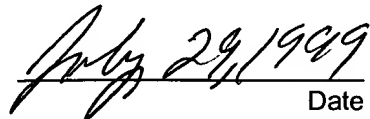
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Certificate of Mailing	
Date of Deposit <u>July 29, 1999</u>	Label Number: <u>EL300789445US</u>
<p>I hereby certify under 37 CFR 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.</p>	
Sandra E. Marxen Printed name of person mailing correspondence	 Signature of person mailing correspondence

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)	
Attorney Docket Number	50074/004003
Applicant	Donald A. G. Mickle, Ren-Ke Li, and Richard D. Weisel
Title	IMPROVEMENT OF CARDIAC FUNCTION BY MESENCHYMAL STEM CELL TRANSPLANTATION
PRIORITY INFORMATION:	
This application claims priority from United States provisional patent applications serial nos. 60/094,794 and 60/129,152, filed July 31, 1998 and April 14, 1999, respectively.	
APPLICATION ELEMENTS:	
Cover sheet	1 page
Specification	28 pages
Claims	4 pages
Abstract	1 page
Drawing	16 pages
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application ["**SERIAL NUMBER**"] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	2 pages
Statement Deleting Inventors	["**"] pages
Sequence Statement	["**"] pages
Sequence Listing on Paper	["**"] pages
Sequence Listing on Diskette	["**"] pages

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Small Entity Statement, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.	[**] pages
Preliminary Amendment	[**] pages
IDS	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] pages
Recordation Form Cover Sheet and Assignment	[**] pages
Assignee's Statement	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$760	\$760.00
Excess Claims Fee: $24 - 20 = 4 \times \$18$	\$72.00
Excess Independent Claims Fee: $3 - 3 = 0 \times \$78$	\$0.00
Multiple Dependent Claims Fee: \$260	\$0.00
Total Fees:	\$832.00
<input checked="" type="checkbox"/> Enclosed is a check for \$832.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
CORRESPONDENCE ADDRESS:	
Kristina Bieker-Brady, Ph.D. Reg. No. 39,109 Clark & Elbing LLP 176 Federal Street Boston, MA 02110	
Telephone: 617-428-0200 Facsimile: 617-428-7045	
 Signature	 Date